PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004 D 751/63														_
									LEN	<u> </u>	OR S	OTHER	דוזאַ	1
TOT	AL CLAIMS			18				RAT	E	,FEE	I ⊢	RATE	FEE	\dashv
	AC ODAMO		NUMBER FIL	ED	NUMBER EXTRA			Basic Fee 3		395.00	OR	ASIC FEE	790.0	
FOR	·			.//\		X\$ 9=		•	OŘ	X\$18≓	. * *			
TOT	AL CHARGEA	BLE CLAIMS	<i></i>				- Vá	X44=		OR	X88=			
	PENDENT CI		2 minus 3 =					<u> </u>	\dashv	- -	1"t	200-		\neg
		IDENT CLAIM P		SENT LJ .				+15	0=		OR	+300=	207	=
* If the difference in column 1 is less than zero, enter *0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	1	TOTAL OTHER SMALL	ENTI	32
4	,	(Column 1) CLAIMS REMAINING AFTER		HIG NUI PRÉV	HEST MBER NOUSLY	PRESENT		. RA	TE.	ADDI- TIONAL FEE		RATE	AD TIO	NAL
AMENDMENT		AMENDMENT	Minus	_	O FOR	-/-	1	X\$	9=	1 .;	ÓR	X\$1,8=		
NON	Total	18	Minus	***	3	-/	1	T _x	 i4=	1	OR	X88=	1/_	
ME	Independent	· 2		ENDE	NT CLAIM			-		-		+300=	7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	50= 50-41	1/-	OR	TOTA	4-	
	1								T. FEE		JOR	ADDIT. F	E L	
0	$\frac{1}{2}$	(Column 1)			lumn 2)	(Column	3)			ADDI-	_	' -	TA	DDI-
19	1 - 0	CLAIMS REMAINING AFTER		PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA		R	ATE.	TIONA		RATE)NAL
AMENDMENT		AMENDMEN	Minus	1.5	70	=		×	\$ 9=		OR	X\$18=		
Į	Total	1. 10	Minus		3	•	brack	i x	<u> </u>		OR	X88=		
MA	Independent	SENTATION OF	MULTIPLE DE	PENDE	NT CLAIM			!	150=	1	OR	+300		
-					•			<u> </u>	TOTA		OR	ADDIT. F	_	
										E		AUUII.P		•
١	•	(Column 1	1)		olumn 2) IIGHEST	(Column	3)	·		ADD			TA	ADDI-
1015		CLAIMS REMAININ AFTER AMENDME	1 .	PR	NUMBER REVIOUSLY PAID FOR	PRESEN			RATE	TION	AL	RATI	+	FEE
TABLETICATION	Total	+ AMERICANE	Minus					11:	X\$ 9=		OF	X\$16]=	<u>.</u>
	Independe	ent •	Minus	•••]•		1 [X44=	.]	O	3 X88	-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=			OF	+300) = .	•
1	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter ""							٠٤_	TOT	AL		R. ADDIT.	ITAL	
	" If the entry in " If the "Highe "If the "Highe	i column 1 is less to st Number Previou ist Number Previou it Number Previous	sly Paid For IN sly Paid For IN	THIS SP THIS SP at or Inde	ACE is less to ACE is less ependent) is	than 20, enter than 3, enter the highest r	رت ا ایت ا	or loun	DIT. F					
	The "Highes	Mumber Previous	diam'r.			· . ·		· <u>· </u>				DEPARTME	MT OF C	0440

Application or Docket Number